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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **43200**
Registrar's No. **14**

JAN 13 1942
Registration District No. **878**

Primary Registration District No. **6156 B**

1. PLACE OF DEATH:

(a) County **Vernon**
(b) City or town **Rural Drywood Township**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Sheldon, Mo. Rt. #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community **1 yr.**
years, months or days)

3. (a) PRINT FULL NAME **Eulis Clarence Kowertz**

3. (b) If veteran, **No** name war
3. (c) Social Security No. **510-07-3443**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (c) Age of husband or wife if alive **45** years
7. Birth date of deceased **July 15, 1903**
(Month) (Day) (Year)

8. AGE: Years **38** Months **5** Days **10**
If less than one day _____ hr. _____ min.

9. Birthplace **Macks Creek Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**
11. Industry or business **Farming**

MOTHER FATHER { 12. Name **Albert L. Kowertz**
13. Birthplace **Philadelphia, Penn.**
(City, town, or county) (State or foreign country)
14. Maiden name **Florence Davis**
15. Birthplace **Linn Creek, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Clara E. Kowertz**
(b) Address **Sheldon, Mo. Rt. #1**

17. (a) **Burial** (b) Date thereof **12/28/41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Forest Hill K. C. Mo.**

18. (a) Signature of funeral director **Ferry Funeral Home**
(b) Address **Nevada, Missouri**

19. (a) **12-28-1941** (b) **Canoll T. Beery**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Vernon**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Drywood Township**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **25**
year **1941** hour **2:10** minute **P** M.

21. I hereby certify that I attended the deceased from **July** 19**41** to **Dec 25** 19**41**.
that I last saw him alive on **Dec 25** 19**41**.
and that death occurred on the date and hour stated above.

Immediate cause of death **Hodgkins Disease**
Duration **about two years**

Due to _____

Due to _____

Other conditions **none**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(b) Means of injury **3rd**

23. Signature **W. Love** (M. D. or other) _____

Address **Nevada, Mo** Date signed **12/26/41**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 24 1942

RECEIVED

District Health Officer No. 7,

District File Number 12-41-2145

Date Filed 1-8-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.